

Epidural pain relief for your labour

Adult (18 years and over) | Patient information

A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the anaesthetic. The patient information sheet should be included in the patient's medical record.



1. What is an epidural pain relief for your labour and how will it help me/the patient?

An epidural is a procedure where an anaesthetic (a medicine that gives either partial or total loss of sensation) is injected into the small space in your back near your spinal cord called 'the epidural space'. The medicine works by blocking the pain signals from reaching your brain.

A fine plastic tube is inserted through an epidural needle (the needle is removed after the tubing is in place). The fine plastic tube is taped onto your back and medicines can be given through this fine tube until your baby is born.

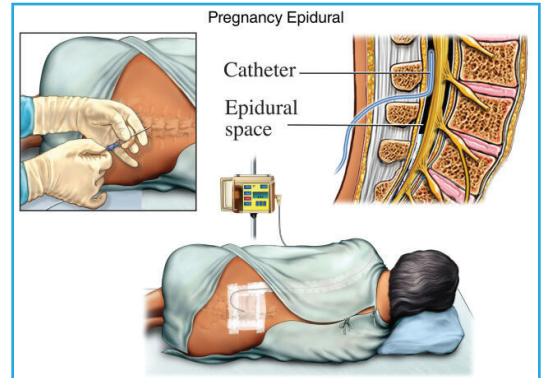


Image: Epidural. ID: si55551808. www.shutterstock.com

The epidural can be inserted while you are sitting on the side of the bed bending over from the waist or while lying on your side with your knees bent up. This can be uncomfortable during contractions but it is important to stay as still as possible while the anaesthetist is inserting the epidural needle.

This anaesthetic takes 15–30 minutes to work. Epidurals are an effective way of making childbirth more comfortable, not every woman can have an epidural. Problems with blood clotting, infection and previous major back surgery may mean that you need a different pain relief option.

In addition, not every health facility offers epidural anaesthesia (particularly in small rural birthing facilities). Your doctor or midwife can recommend other pain relief options for you.

After an epidural, you will have altered sensation from the waist down. How much you can move your legs after an epidural will depend on the type and dose of local anaesthetic used. A very thin tube will be left in your back so the anaesthetic can be topped up. The tube will be removed when the anaesthetic is no longer required.

'Top ups' can be managed in several ways:

- your midwife may give you a top up when needed
- you may have a constant flow infusion
- you may have a button that you can push to give yourself a dose of the pain relieving local anaesthetic.



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Not all epidurals are the same strength

Epidurals used for caesarean section or a forceps delivery are stronger so you don't feel any pain. A normal labour does not require such a strong block so a lower strength anaesthetic is given. This allows you to feel your contractions and be able to push when the time comes, yet feel little or no pain.

Advantages of an epidural anaesthetic:

- effective form of continuous pain relief, especially for backache and contraction pains
- you can be awake and participate in your baby's birth
- requires less medicines than other forms of pain relief
- does not make you sleepy
- if needed, a stronger epidural can be used as the anaesthetic for caesarean sections or forceps delivery
- it is important to understand that while you will be pain free during the operation, you may feel strange pressure sensations
- this avoids a general anaesthetic, where you are in a very deep sleep and recovery time is longer.

Disadvantages of an epidural anaesthetic:

- a 'drip' (IV fluid) is always put into your vein before the epidural is inserted
- once the epidural is in place it is very important that you do not lie flat on your back as it can cause a considerable drop in your blood pressure. You may sit up or lie on your side.

Potential benefits of an epidural during labour

The benefits of an epidural are:

- that you will be awake
- it takes away the pain of contractions
- it can be effective for hours and can be increased in strength if you need to have an emergency caesarean
- in a long labour, it can allow you to sleep and recover your strength.

For caesarean section births:

- you will be able to see your baby as soon as they are born
- the baby will only get incredibly small amounts of any medications given
- your partner can be with you.

Preparing for your labour and delivery

There may be a need for an epidural at anytime during your labour. You are at less risk of problems from an anaesthetic if you do the following:

- Increase your fitness before your anaesthetic to improve your blood circulation and lung health. Ask your GP about exercising safely.
- Lose weight, this will reduce many of the risks of having an anaesthetic. Ask your GP about losing weight safely.
- Stop smoking as early as possible before your surgery to give your lungs and heart a chance to improve. Smoking cuts down the oxygen in your blood and increases breathing problems during and after an operation. Phone 13 QUIT (13 78 48).
- Drink less alcohol, as alcohol may alter the effect of the anaesthetic medicines.
- Do not drink any alcohol 24 hours before surgery.
- Stop taking recreational drugs (this includes recreational smoking such as marijuana) before your surgery as these may affect the anaesthetic.
- Ask your surgeon and/or anaesthetist if you should stop taking your anticoagulant or antiplatelet (blood thinning) medicines before surgery as it may affect your blood clotting
 - do NOT stop blood thinning medicines without medical advice
 - if you are asked to stop taking blood thinning medicine before your procedure, ask your doctor/clinician when you can restart the blood thinning medicine.

On the day of your epidural and delivery:

- **Nothing to eat or drink** ('nil by mouth'): you will be told when to have your last meal and drink. Do NOT eat (including lollies), drink, or chew gum after this time otherwise your operation may be delayed

or cancelled. This is to make sure your stomach is empty so that if you vomit, there will be nothing to go into your lungs.

- **If you are a smoker or drink alcohol:** do not smoke or drink alcohol.
- **If you are taking medicines:** most medicines should be continued before an operation and taken the usual time even on the day of surgery with a sip of water. There are some important exceptions:
 - your doctor/clinician will provide specific instructions about your medicines
 - take to the hospital all your prescribed medicines, those medicines you buy over the counter, herbal remedies and supplements to show your anaesthetist what you are taking.
- **If you feel unwell:** telephone the ward/hospital for advice.
- Tell your doctor/clinician and the anaesthetist if you have:
 - health problems (e.g. diabetes, high blood pressure, infectious diseases, serious illnesses), including if regular treatment or a stay in hospital is needed
 - a drug addiction
 - had previous problems and/or known family problems with anaesthesia
 - false teeth, caps, loose teeth or other dental problems
 - been taking prescribed and/or over the counter medicines, herbal remedies and supplements; this may include and are not limited to blood thinning medicines, the contraceptive pill, antidepressants and/or diabetic medicines (e.g. insulin)
 - allergies/intolerances of any type and side effects.



2. What are the risks?

There are risks and complications with anaesthesia. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician and ensure they are written on the consent form before you sign it. Risks include but are not limited to the following:

Common risks and complications

- nausea, vomiting, itching and shivering – inform the staff as these can be treated
- low blood pressure:
 - this can make you feel faint, dizzy or sick(it is very important that you do not lie flat on your back)
- sometimes the epidural anaesthetic only partially works
- problems in passing urine – you may require a catheter to be placed in your bladder
- pain, bruising and/or bleeding at the injection site
- bleeding/bruising is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- headache and/or backache.

Uncommon risks and complications

- fever
- severe headache:
 - may occur and get worse on sitting or standing and improves if you lie down
 - you will need to see an anaesthetist
 - if you are still in hospital, your nurses and/or the surgical team will contact your anaesthetist for an assessment
 - if you have left hospital, seek help from your GP or by attending the emergency department
- temporary nerve damage:
 - temporary loss of sensation, pins and needles and sometimes muscle weakness in the lower body
 - may last for a few days, weeks or months
- slow breathing due to medication this can be managed by the anaesthetist
- the anaesthetic does not fully work: this may require further anaesthetic and/or a different method of anaesthesia to be used
- allergic reaction to the medication, requiring further treatment
- existing medical conditions getting worse.

Rare risks and complications

- permanent nerve damage with possible paralysis
- equipment failure (e.g. breakage of needles or catheters possibly requiring surgery to remove them)
- infection around injection site and epidural catheter which may cause meningitis and/or epidural abscess, requiring antibiotics and further treatment
- death as a result of this anaesthetic is rare.

What are the risks of not having an epidural pain relief for your labour?

There may be health consequences if you choose not to have the proposed anaesthetic. Please discuss these with the doctor/clinician.



3. Are there alternatives?

Although having a baby is a natural process, it can cause significant pain and discomfort. Every woman is different and every birth experience is unique, so the need for pain relief varies.

Thinking about and understanding the choices of pain relief are an important part of getting ready for the birth of your baby. During the actual birth, your needs for pain relief may change, so it is very important that you have a flexible attitude so that the birthing experience is more comfortable.

Some women, if possible, want to avoid taking any medications. There are many non-medical choices available to help support you with the pain. Some of these are, breathing exercises, massages, warm baths or showers, yoga, walking around and relaxation techniques.

Sometimes the pain is worse than expected or maybe the labour is not progressing as it should. This is where medical pain relief options can be used. These include nitrous oxide gas and strong pain relieving injections.

Please discuss all the pain relieving options suitable for you with your doctor or midwife.



4. What should I expect after the insertion of the epidural?

The numbness/weakness may take several hours to wear off. It is very important that during this time you do not attempt to walk unless approved by your doctor/midwife. For safety reasons you must not walk without a person to assist you.

Within the first 2 weeks after your epidural if you have any numbness, weakness, headache, fever or severe back pain contact the anaesthetist.



5. Who will be performing the epidural?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate anaesthetic. This could be a doctor/clinician undergoing further training, all trainees are supervised according to relevant professional guidelines.

You may be seen and cared for by a specialist anaesthetist, a GP with training in anaesthetics (particularly in rural areas) or a doctor undergoing further training. All trainees are supervised according to relevant Australian professional guidelines.

If you have any concerns about which doctor/clinician will be performing your anaesthetic please discuss the concerns with your doctor/clinician.



6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

You can also see a list of blood thinning medications at www.health.qld.gov.au/consent/bloodthinner.

Australian and New Zealand College of Anaesthetists: www.anzca.edu.au/patient-information/anaesthesia-information-for-patients-and-carers.

Royal College of Anaesthetists:
www.rcoa.ac.uk/patientinfo.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed anaesthetic.



8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.